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2007 MAY 14 PH 3: 2 SECRETARY OF STATE TALLAHASSEE, FLORIG

Section 1

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: St. Barts Enterprises Co	rp.	
(PROPOSED CORPORATE (PROPOSED CORPORATE) Enclosed are an original and one (1) copy of the article (1)	TE NAME – <u>MUST INCL</u>	
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Sandra Capeletti		
Name ((Printed or typed)	
P.O. Box 290003		
Address		
Fort Lauderdale, FL 333	329 State & Zip	
954 - 560 - 5516		
Daytime Telephone number		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2007

SANDRA CAPELETTI P.O. BOX 290003 FORT LAUDERDALE, FL 33329

SUBJECT: ST. BARTS ENTERPRISES CORP.

Ref. Number: W07000021896

We have received your document for ST. BARTS ENTERPRISES CORP.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filing Section

Letter Number: 907A00031795

OZ NAY 14 PN 3: 10

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

St. Barts Enterprises Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2929 Myrtle Oak Circle, Davie, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Online Web Site Services

ARTICLE IV SHARES

The number of shares of stock is:

9 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sandra Capeletti, P.O. Box 290003, Fort Lauderdale, FL 33329, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sandra Capeletti, 2929 Myrtle Oak Circle, Davie, Florida 33328

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Sandra Capeletti, P.O. Box 290003, Fort Lauderdale, Florida 33329

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

2007 MAY 14 PM 3: 26
SECRETARY OF STATE
TALL ANASSEF FLORIDA